

4

Provider Quality Assurance

Overview

Improving immunization practices in provider settings is one of the most effective methods of increasing immunization coverage. The role of the immunization program is to oversee quality assurance of all immunization-related activities conducted by providers.

Assessment, Feedback, Incentive, and eXchange (AFIX) is a continuous quality improvement tool that consists of: 1) conducting an assessment of the health care provider's vaccination coverage levels and immunization practices; 2) providing feedback of the results to the provider along with recommended strategies to improve coverage levels; 3) motivating the provider through incentives to improve vaccination coverage levels; and 4) exchanging health care information and resources necessary to facilitate improvement. The AFIX methodology is a comprehensive and effective tool for improving patient vaccination coverage levels and immunization practices of health care providers. The improved outcomes produced by AFIX through implementation of recommendations and best immunization practices can be quantified through AFIX participation over time. Beginning in 2000, CDC made additional VFC funding available to increase the number of site visits to private VFC providers and to incorporate AFIX activities into traditional VFC site visits.

The AFIX Standards describe essential elements for all AFIX programs; they are also flexible to allow for grantees to address situations unique to their locale. Level I of the AFIX Standards provides structure on how to develop, implement and evaluate an effective AFIX program that will meet all grant requirements. Levels II and III provide guidance for exceeding the requirements for an effective AFIX program and focus on developing new and creative collaborative relationships with other organizations and immunization providers.

Immunization information system (IIS) functionality continues to expand. Population-based IIS will be the cornerstone of the nation's immunization system. Responsibility for IIS development rests with state and local communities, with assistance from federal and state agencies, and private partners. With the increased IIS functionality comes the ability to execute population-based assessments, utilizing a Geographic Information System (GIS), and provide real-time interface with other data systems. This functionality and interfacing can streamline the process for assessment of immunization coverage.

The program goal, as stated in Chapter 3 of the IPOM, is to increase to 95% the proportion of children under age 6 enrolled in a fully operational IIS. According to the 2005 Immunization Information System Annual Report (IISAR), 79% (44/56) of grantees responding to the IISAR survey use the IIS to conduct provider level coverage assessment as part of the AFIX process.

IIS coverage assessments differ from the National Immunization Survey (NIS) in that the IIS will typically measure valid doses whereas NIS measures all doses. This is an important point as you think about how to compare coverage rates.

References

- AFIX Website: <http://www.cdc.gov/nip/afix/default.htm>
- AFIX Standards Guide: <http://www.cdc.gov/nip/afix/ImmunizProjs/stds-guide.htm>
- Core Elements for AFIX Training and Implementation: <http://www.cdc.gov/nip/afix/ImmunizProjs/pubs/coreelements.pdf>
- Comprehensive CASA Website <http://www.cdc.gov/nip/cocasa/>
- 2007 Vaccines for Children Program Operations Guide: <http://www.cdc.gov/nip/home-partners.htm#progmgrs>
- 2008-2012 Immunization Program Operations Manual (IPOM) Chapters 1, 2, 3, and 8
- 2008-2012 IPOM Chapter “The Basics” document entitled “Guidelines for Writing Grant Objectives and Differentiating Between Objectives, Activities, and Evaluation Measures”

Program Requirements

4.1 Demonstrate achievement of the Level I AFIX Standards by December 31, 2008.

Required activities

- 4.1a. Each grantee will be required to submit an electronic copy of its AFIX written policies and procedures with its 2008 VFC Management Survey due on March 1, 2009. The grantee’s written AFIX policies and procedures should reflect the implementation of all Level I AFIX Standards.

Recommended activities

- 4.1b. As needed, request technical assistance from CDC AFIX staff during the development of policies/procedures related to Level I AFIX Standards.
- 4.1c. Evaluate the feasibility of conducting VFC/AFIX combined visits. If they are found to be effective, create a written plan for making VFC/AFIX combined visits part of your standard protocol. The written plan should include:
- **Specific, measurable, achievable, realistic and time-phased (SMART) objectives** (e.g., increase combined visits in each calendar year by 5%). SMART objectives should be narrow and precise. You should be able to state an objective in one sentence that specifies what will be accomplished. Baseline data should be included, and the objective should state a specific percent increase or improvement that will be accomplished.
 - **Activities** which are defined as small action steps that lead to the achievement of the objective. Activities tell who will do how much of what by when and where and how.
 - **Evaluation measure** tells what will be used and how it will be used to determine whether or not the objective was met. Your statement must explain the process for using a specific instrument to assess the extent to which the objective was achieved.

4.2 Develop a methodology to use the IIS to assess immunization coverage levels. This is a requirement in the 2008 Program Announcement in an effort to utilize IIS for the assessment of immunization coverage rates. Recommended activities 4.2a – 4.2d are consistent with the Level II AFIX Standards Assessment Component for IIS. All Level II AFIX Standards are recommendations and should be considered by grantees.

Required activities

Work with IIS team to develop a methodology to use the IIS to assess immunization coverage rates.

Recommended activities

4.2a. Continually assess reliability and use of IIS data. Develop a quality improvement initiative once gaps are identified to improve data.

4.2b. Begin discussions with IIS staff regarding possible benchmark and/or assessment reports that can be generated from the IIS.

4.2c. Once the methodology is drafted, consider running a pilot to assess functionality and implementation of IIS coverage assessments.

4.2d. Incorporate methodology into the VFC/AFIX site visit and reflect the methodology in the written AFIX Standards Policies.

4.3 Additional Activities

Recommended activities

4.3a. Upon achievement of Level I AFIX Standards, begin efforts toward achievement of the Level II and III AFIX Standards.